STATE OF NEW HAMPSHIRE

2017 Statement of Income and Expenses for LOBBYISTS (RSA Chapter 15)

PLEASE PRINT

I. Name of Lobbyist(s)	DIE EDu	IARDS		
II. Name of lobbyist's partnership,	firm or corporati	ion, if any:		
EDDIE	ED WAN?	S CONSU	TEN 4	
Business Address: (Street)	is DR	Dover	NH	03820
(bcts) <u>923-7 L 55</u> (Telephone)	_ ()	(Fax)	e-mail Cecius	Ads Consultant & GMAZ
III. This statement covers: (Choose reportable expense transactions wi				y file a separate report for
All reportable transactions occur	ring in the months	prior to the reporting	g date relative to the	following client:
(Full Name of OR	GROCENO Client as it appears of	on the Lobbyist Regist	A TION ration Form)	
☐ All reportable transactions by the unrelated to any particular client.	lobbyist (including	g the lobbyist's famil	ly), or the lobbying	firm listed below which are
IV. Date of Report April 26, 20 Reports cover: activity from date of			y 26, 2017 om 4/1/17 to 6/30/17	
October 25, activity from 7/			uary 31, 2018 [_ com 10/1/17 to 12/31/1	17
V. There have been no fees rece If this box is checked, complete just t Concord, NH 03301.				
VI. Check if additional reports are	attached:			
If you have received fees or mad	e expenditures, you	u must file Addend t	um A– Fees and Ex	penses
If you have paid an honorarium of Expense Reimbursement	or reimbursed expe	nses, you must file	Addendum B- Rep	ort of Honorariums or
☐ If you, your firm, or your family	has made political	contributions, you r	nust file Addendur	n C- Political Contributions
Sworn Statement/Affirmation by I. I have read RSA 15, RSA 15-B, RSA and complete to the best of my know (Signature of lobbyist)	14-C and RSA 66	•	or affirm that the for $\frac{CH}{27}$	
(Print Name of lobbyist)			(Suic	RECEIVED

APR 2 7 2017

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NEW HAMPSHIRE DEPARTMENT OF STATE

L E A S E P R I

STATE OF NEW HAMPSHIRE

Lobbyists Fees and Expenses Addendum A

(RSA Chapter 15:6)

I. Name of Lobbyist(s) EDD IE EDWANS	
II. Name of lobbyist's partnership, firm or corporation, if any:	
(Name of partnership, firm or corporation)	けいり
III. Name of Client NA GROUPS ASSOCIATION	Date 4/21/17
IV. Fees Received Indicate the gross amount of all fees received from the client identified above to lobbying, including fees for services such as public advocacy, government including research, monitoring legislation, and related legal work. The greeduced by any expenses:	relations, or public relations service
a) Total of all fees received in this reporting period	a)\$
b) Total of all fees received this calendar year, prior to this reporting period (This should equal the total of all prior monthly reports for this calendar year)	b) \$
c) Total of all fees received to date	,
(Add lines a and b)	c)\$ 4,000.00
d) Indicate the amount of any such fees that are due, but have not yet been paid	d) \$ 1,500.00
V. Expenses: Lobbyist(s)/Lobbying partnerships, firms, or corporations are required to repfees. Separate reports are to be filed for expenditures made relative to each of the lobbyist(s)/firm that are unrelated to any one client a separate report of Expenses are to be reported in one of three categories of expenses: (a) the during the reporting period for salaries, benefits, support staff, and office exindividual expenses where the expenditure was of \$25.00 or less (for example lunch where the cost was \$25.00 or less, purchase of a pen with a value of lebeing lobbied, purchase of a ceremonial object given to a person being lobbie (c) an itemized statement of each individual expenditure made during this report any purpose not covered by (a) (for example: purchase of a meal with value ceremonial object to be given to the subject of lobbying with a value greate restaurant expenses for a legislative reception). Expenses for honorariums, contributions will be reported on separate addendums and should not be reported.	client and if expenditures are made by may be filed for the lobbyist(s)/firm aggregate total of all expenses paid expenses; (b) the aggregate total of all expenses; (c) that is given to the person of with a value of \$25.00 or less); and orting period of greater than \$25.00 for the of greater than \$25, purchase of expense reimbursement, or political
 a) Total aggregate expenses for this reporting period for salaries, benefits, support staff, and office expenses, related directly or indirectly to lobbying. b) Total aggregate of expenditures during this reporting period, not reported 	a) \$
in a), of \$25 or less.	b) \$
c) Total of all itemized expenditures reported in detail in section VI.	c) \$

d) Total expenses for this reporting period (Add lines a, b and c)	d)\$ 6,000.00
e) Total of expenses paid this calendar year, prior to this reporting period (This should be the amount on line f of addendum A for last month's report)	e) \$
f) Total of all expenses year to date	f) \$
VI. Other Expenses: Provide the following detail for all expenditures of more than \$25 made from leading period, including by whom paid or to whom charged.	obbying fees during this reporting
Paid to:	Amount:
M	sMA_
	\$
	\$
	•
	s
1	\$
	3 <u>V</u>
•	
Sworn Statement/Affirmation by Lobbyist	
I I I I DOA 15 DOA 15 D I DOA 664 III I DOG	
I have read RSA 15, RSA 15-B and RSA 664 and hereby swear or affirm is true and complete to the best of my knowledge and belief.	n that the foregoing information
· · · · · · · · · · · · · · · · · · ·	
	04/27/17
(Signature of lobbyist)	(Date)
. ,	,
(Print Name of lobbyist)	
(1 this traine of 1000) ist	



STATE OF NEW HAMPSHIRE

Lobbyists Report of Political Contributions Addendum C (RSA Chapter 15:6)

I. Name of Lobbyist(s)	EDDIE G	2 canquit	
II. Name of lobbyist's part	nership, firm or cor	poration, if any:	
			NSURTENG
(Name of partn	ership, firm or corporation)		
III. Name of Client	Mr		NSURTENH Date 4/27/17
Political Contributions			
client/lobbyist and lobbying			oter 664 paid on behalf of the
Full name of candidate:	(Last Name)	(First Name)	(Middle Name/Initial)
Amount of contribution \$	SEE BELOW	Office Candidate	is Seeking
	ribution on the line abo		ds or services provided, and enter the ution. If the actual cost is not known,
# 150.	OU (TICKET	s) For No	W HAMPSHIRES'S
CW.	PAUS SIDEN	TEAL INAUGO	WEAL BALL
r.u			
Full name of candidate:	(Last Name)	(First Name)	(Middle Name/Initial)
Amount of contribution \$		Office Candidate is	s Seeking
	ribution on the line abo		ds or services provided, and enter the actual cost is not known,
ar in this		- 4	11.00
Full name of candidate:			
i un name of candidate.	(Last Name)	(First Name)	(Middle Name/Initial)
Amount of contribution \$		Office Candidate is	s Seeking

C forms.)
C forms.)
(C forms.)
e foregoing information
04/27/17 (Date)